

## JADARA

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## Ending Pages

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### ADARA

Professionals Networking for Excellence  
in Service Delivery with Individuals  
who are Deaf or Hard of Hearing  
P.O. Box 480 • Myersville, MD 21773  
301-293-8969 TTY/Voice/Fax  
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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please list any certifications (e.g., CRCC) or special training: \_\_\_\_\_

Are you:

☐ Deaf

☐ H.H.

☐ Hearing

☐ Late Deafened

☐ DeafBlind

Gender:

☐ Male

☐ Female

Have you been a member of ADARA in the past? If so, what year did you join? \_\_\_\_\_

If you are a member of a local chapter, please indicate which chapter: \_\_\_\_\_

Membership: ☐ Regular \$65/year ☐ Regular \$120/two years  
☐ Family \$65/year for first person and \$30/year each additional person

Names: \_\_\_\_\_

☐ Retired \$35/year

☐ Organizational \$175/year

☐ Foreign \$85/year

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\*Students must submit a signed letter from their universities.

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*A Journal for Professionals Networking for Excellence in Service  
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